



Spring 2016 Kindergarten Soccer

PRE-REGISTRATION REQUIRED

(Register online @ www.norwalk.iowa.gov, Parks and Recreation office, or by mail)

This soccer program is split for boys and girls currently in kindergarten this current school year. The children will have fun while learning the fundamentals of soccer. Shin guards are required. Parks and Rec provide a team shirt. This is a six-week program including one game and one practice each week. **Volunteer** coaches will be needed.

<u>Dates</u>

Registration Dates: Jan 25 to Feb 5 **Program Dates**: March 28 (tentatively)

Program Times: 6:00 pm

Days: Tuesday & Thursday

Information

Cost: \$39.50 resident \$45.40 non-resident

Location: Norwalk-McAninch Sports Complex

Equipment needed: shin guards



Late Fee: A late fee of \$15.00 will be assessed in addition to the regular fee for any registration taken after the Friday, Feb 6 deadline, pending there is room still available with a team. If the shirt order has been placed, a shirt will not be provided.

Financial assistance may be available for those participants that cannot afford the registration fee - call or stop by if you are interested.



Norwalk Parks and Recreation Registration Form

Individual Information:

	First		MI		Last		
Name:							
Birth Date:		Current Grade:	Sex:		Shirt Size:	A C A M A L A Y "	
Days of the week yo	u may have conflict	s (dance, etc)	Shirt size choic	ces: YS (6-8) YM ((10-12) YL (14-16) 	AS AM AL AXL	
Address:							
City,State,Zip:			IA				
Daytime Phone #:				Туре:			
Evening Phone #:				Туре:			
Cell Phone #:	Cell Phone #:			Preference:			
Email Address							
Contact Information:					•		
Mother		Fat	ther				
	aytime	Evening		C	ell		
Mother - Phone							
Father- Phone							
Activity Information:			Registration		Lata	Fac	
	6 Spring Kindergar	ten Soccer	Fee	\$39.50 - \$	45.40 Late	Fee	
Volunteer to Coach:				1			
Name				Shirt Size			
Phone #		Email:					
This program is intended not be participating becau	to open up participation			y reducing financi	al obstacles for th	ose who may	
Would you like to d		or more) to this pro the registration fee		Yes YOU!)	No Thank	(You	
Additional Comments/N	Medical conditions	s (if any):					
Liability Wavier:							
I give permission for Department, their sta waiver:			•				
Parent Signature:			Date:				
FOR OFFICE USE ONLY:	440.4505						
PAID	CK#	CAS	SH	·	Ву:		
Credit Card	Credit Card Number			Expires			